Wildcat Hill Wastewater Treatment Plant Scavenger Waste Manifest This Liquid Waste Manifest form is to be completed in full by the Hauler and signed by City Staff before waste is allowed to be discharged.

*Date:					*Time:	
*Source:	City	y Count	y Residential	Business I	ndustry 🗌 Other:	
Hauler Information (Please Print)						
*Name of Hauler:						
*Driver Name						
*Driver Phone Number			*Vehicle Licens	se No.:		
*Permit Number:				*Truck Volume	(gal)	
Waste Origination (Please Print):						
* (1) Name:			(2) Name:			
*Address:			Address:			
*City:			City:			
*Phone:			Phone:			
*Quantity:			Quantity			
(3) Name:			(4) Name:			
Address:			Address:			
City:			City:			
Phone:			Phone:			
Quantity			Quantity			
J	Total G	allons to be	e discharged:			
*These are REQUIRED FIELDS. Manifests will be considered incomplete without this information.						
Noncompliance with any part of this manifest may subject the permit holder to revocation of permit to utilize the services of the City sewerage system for disposal of scavenger wastes. Reissuance of permit to discharge after revocation shall be at the discretion of the Director. The City of Flagstaff Water Services Enforcement Response Plan is available for download at: www.flagstaff.az.gov/waterservices/						
*Non-Hazardous Waste Certification						
I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and the truck listed above contains domestic sewage and no hazardous or industrial waste as defined by Federal, State or Local Law and that I am in compliance with Section 7-02-001-0040 of the City of Flagstaff Wastewater Ordinance Hauler (Driver):						
Print Name Signature						
City Staff						
Field Test					Lab Test Results	
pH:	EC:		Other:	pH:	EC:	
Sample collected	NO		YES	Sample to be collected in presence of City Employee		
Load Accepted	YES	Reason For Re	jection:			
Load Rejected	YES					
City Employee	Signat	ture:				